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Please return to: Crete Public Library 305 East 13th Street Crete, NE 68333		Date:			
	dered with othe	ers in competition	loyment with the City of Crete on for the position in which you oployer.		
INSTRUCTIONS: All informations considered personal and contemployment by the City of Crain this application. You are entersume which would assist us TYPEWRITER OR PRINT IN	fidential and us ete. Please fur ncouraged to a s in evaluating y	ed only in conju nish us with co ttach any additi	unction with your possible mplete information as outlined onal information or personal		
Title or kind of work applied for:			Min. Salary: \$Per		
A)	Check One: Permanent Temporary	Part-Time □ Seasonal □	Date Available:		
PERSONAL INFORMATION	17 omporary a	O G G G G G G G G G G G G G G G G G G G			
_ast Name	First Name	Middle Initial	Soc. Sec. # (Last 4 only) XXX-XX-		
Present Permanent Address		City	State Zip Code		
Home Telephone Number	one Number		Drivers License Number - State - Class		
Are you legally eligible for employm					
Person to be notified in case of eme Name	ergency Address		Telephone Number		
Any physical limitations? Yes No	If so, please explain				
REFERRED BY: (Newspaper, agen	cy, employee, oth	er)			
PERSONAL REFERENCES (no for	mer employers or	relatives)			
Name	Address		Telephone Number		



LDUCATIONAL	INFORMATION				
Circle Highest		Elementary	High School	College	Post Grad
Grade Completed	d	12345678	9 10 11 12	1234	1 2 MA PhD
Name and Address of last High School		Passed GED?			
		Yes	No	N/A	
Type of	Name and Mailing	g Address	Number of		
School	of School		Credits	Degree	Major
College/					
University					
College/					
University					
Graduate					
School					
Technical/					
Trade					
Technical/					
Trade					
Other					
LIST ANY CORRESPONDENCE COURSES, SPECIAL COURSES, SEMINARS, WORK-SHOPS, TRAINING SESSIONS, ETC., THAT MIGHT RELATE TO THIS POSITION. ALSO LIST ANY LICENSES OR CERTIFICATES RELATING TO POSITION.					
EMPLOYMENT HISTORY					
Start with your present or last job and work back. Include all full or part-time, military, summer jobs, etc. Attach additional sheets if necessary. (Addresses must be complete)					
May we contact your present supervisor? Yes No					
Note: We may contact any other previous supervisors to verify your job descriptions.					
Starting Date	Ending Date	Name and Address of Employer			
Starting Salary	Ending Salary	Name, title and to	elephone number	of immediate sup	ervisor
Reason for leaving or wanting to leave					
Description of duties and responsibilities:					



Starting Date	Ending Date	Name and Address of Employer			
Starting Salary	Ending Salary	Name, title and telephone number of immediate supervisor			
Reason for leavir	ng or wanting to lea	ave			
Description of du	ties and responsib	ilities:			
Starting Date	Ending Date	Name and Addre	see of Employer		
Otarting Date	Linding Date	Name and Address of Employer			
Starting Salary	Ending Salary	Name, title and telephone number of immediate supervisor			supervisor
Reason for leavir	ng or wanting to lea	ave			, , , , , , , , , , , , , , , , , , ,
Description of du	ties and responsib	ilities:			

MILITARY SERV	ICE RECORD				
Were you in the l	JS Armed Forces?	•	Yes	No	
If yes, which bran	ıch?				
List relevant skills acquired during military services: Rank:					
Are you a membe	er of the National C	Guard?	Yes	No	wanter
Are you a member of the Armed Forces Reserve Program? Yes No					No
If yes present commitment to date:					
REFERENCE CH	IECK DATA				
to enable a check	information relative	nal record or prev	rious employmer		nick-name necessary
<u> </u>					

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EMPLOYEES HIRED ARE SUBJECT TO SATISFACTORY COMPLETION OF PROBATIONARY PERIOD AND EMPLOYMENT PHYSICAL (IF REQUIRED FOR POSITION) BEFORE OBTAINING PERMANENT STATUS.

IF OFFERED A JOB, I AGREE TO SUBMIT A FULL SET OF MY FINGERPRINTS, AUTHORIZE THE CITY OF CRETE TO FORWARD THE FINGERPRINTS FOR IDENTIFICATION, AUTHORIZE THE CITY OF CRETE TO CONDUCT A CRIMINAL RECORDS CHECK TO DETERMINE ANY CRIMINAL RECORD THAT I MAY HAVE AND TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION. I AGREE TO SIGN ANY AND ALL DOCUMENTS THAT MAY BE NECESSARY FOR SAID FINGERPRINT SUBMISSION AND/OR CRIMINAL RECORDS CHECK.

I HEREBY CERTIFY THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND I AGREE AND UNDERSTAND THAT ANY FALSE STATEMENTS CONTAINED IN THIS APPLICATION MAY CAUSE REJECTION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT.

UPON THE SIGNING OF THIS DOCUMENT, I AUTHORIZE THE CITY OF CRETE TO VERIFY ANY OF THE INFORMATION CONCERNING MY EMPLOYMENT, EDUCATION OR CREDIT HISTORY WITH THE APPROPRIATE INDIVIDUALS, COMPANIES, INSTITUTIONS OR AGENCIES, AND I AUTHORIZE THEM TO RELEASE SUCH INFORMATION AS THE CITY MAY REQUIRE, INCLUDING MY PRIOR DISCIPLINARY EMPLOYMENT RECORD, WITHOUT ANY OBLIGATION TO GIVE ME WRITTEN NOTICE OF SUCH DISCLOSURE. I HEREBY RELEASE THE CITY OF CRETE AND THE APPROPRIATE INDIVIDUALS, COMPANIES, INSTITUTIONS OR AGENCIES FROM ANY LIABILITY WHATSOEVER AS A RESULT OF ANY SUCH INQUIRIES AND DISCLOSURES. I AGREE THAT ANY FALSE INFORMATION IN SUPPORT OF MY APPLICATION MAY SUBJECT ME TO DISCHARGE AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. IF HIRED, I AGREE I WILL SERVE AT THE WILL OF THE CITY, AND I AGREE THAT I SHALL BE BOUND BY THE RULES, POLICIES, REGULATIONS AND TERMS AND CONDITIONS OF EMPLOYMENT OF THE CITY AS THEY ARE FROM TIME TO TIME CHANGED WITH OR WITHOUT NOTICE TO ME. I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME FOR ANY REASON.

Signature	Date

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APPLICANT - DO NOT WRITE ON THIS PAGE

Application Received by:			Date:	
For Interviewer's Use				
Interviewer	Date	Comments		

		Administrator's Use		
Test Administered	Date	Score - Rating	Comments	····
	Ref	erence Checks		
Reference Contacted		Result of Conta	act	

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